

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020651

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: FLORIDA BEHAVIORAL INSTITUTE, P.L.C.

**Current Principal Place of Business:**

1100 CLEARWATER LARGO ROAD  
LARGO, FL 33770 US

**New Principal Place of Business:**

**Current Mailing Address:**

1100 CLEARWATER LARGO ROAD  
LARGO, FL 33770 US

**New Mailing Address:**

FEI Number: 59-3758359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MAYER, ROBERT M M.D.  
Address: 1100 CLEARWATER LARGO RD  
City-St-Zip: LARGO, FL 33770

Title: MGRM ( ) Delete  
Name: RODRIGUEZ, MAURO MD  
Address: 1100 CLEARWATER LARGO RD  
City-St-Zip: LARGO, FL 33770

Title: MGRM ( ) Delete  
Name: PATEL, ASHOK MD  
Address: 1100 CLEARWATER LARGO RD  
City-St-Zip: LARGO, FL 337709

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: PATEL, ASHOK MD  
Address: 1100 CLEARWATER LARGO RD  
City-St-Zip: LARGO, FL 33770

Title: MGRM ( ) Change (X) Addition  
Name: AGUSTINES, RACHEL E MD  
Address: 1100 CLEARWATER LARGO ROAD  
City-St-Zip: LARGO, FL 33770

Title: MGRM ( ) Change (X) Addition  
Name: SHAH, NIHAL MD  
Address: 1100 CLEARWATER LARGO ROAD  
City-St-Zip: LARGO, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ASHOK PATEL

MGRM

04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date